

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA  
2001/02  
FORM

COVER PAGE  
**460**

Page 1 of 85

For Official Use Only

Statement covers period

from 03/10/2019

through 04/20/2019

Date of election if applicable:  
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall

(Also Complete Part 5.)

- ☒ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☒ Political Party/Central Committee

- ☐ Ballot Measure Committee  
☐ Primary Formed  
☐ Controlled  
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7.)

## 2. Type of Statement:

- ☒ Pre-election Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
☐ Amendment (Explain below)

- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection  
Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER  
810163

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
California Republican Party - State

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	

OPTIONAL: FAX/E-MAIL ADDRESS  
916-448-9497 / bburch@cagop.org

## Treasurer(s)

NAME OF TREASURER  
Mr. Greg Gandrud

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	916-448-9496

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 04/25/2019 By Greg Gandrud  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

Recipient Committee  
Campaign Statement  
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?  
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?  
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION ☐ SUPPORT  
☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

**7. Primarily Formed Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from 03/10/2019 through 04/20/2019	<b>CALIFORNIA FORM 460</b> Page 3 of 85 I.D. NUMBER 810163
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Republican Party - State

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$543,770.00	\$1,306,527.01
2. Loans Received .....	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$543,770.00	\$1,306,527.01
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$21,192.98	\$24,627.75
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$564,962.98	\$1,331,154.76

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$601,042.25	\$1,488,728.10
7. Loans Made .....	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$601,042.25	\$1,488,728.10
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	(\$189,184.53)	\$132,773.65
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$21,192.98	\$24,627.75
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$433,050.70	\$1,646,129.50

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$226,632.80	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts .....	Column A, Line 3 above	\$543,770.00	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$7,012.40	
15. Cash Payments .....	Column A, Line 8 above	\$601,042.25	
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$176,372.95	
If this is a termination statement, Line 16 must be zero.			
17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$0.00	

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$132,773.65

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A

## Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	03/10/2019	
through	04/20/2019	Page 4 of 85
NAME OF FILER California Republican Party - State		I.D. Number 810163

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/10/2019	Humboldt Redwood Co. LLC Calpella, CA 95418-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$750.00	
3/10/2019	Humboldt Redwood Co. LLC Calpella, CA 95418-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$750.00	
3/10/2019	Humboldt Redwood Co. LLC Calpella, CA 95418-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$750.00	
3/11/2019	Personal Insurance Federation of CA Agents & Employees Small Contributor Committee Sacramento, CA 95814-3991 Committee ID: 910256	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$11,200.00	\$50,000.00	
3/11/2019	Personal Insurance Federation of CA Agents & Employees Small Contributor Committee Sacramento, CA 95814-3991 Committee ID: 910256	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$16,666.67	\$50,000.00	

**SUBTOTAL**

## Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$543,300.00
2. Amount received this period - unitemized contributions of less than \$100 .....	\$470.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL</b> \$543,770.00

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>03/10/2019</u> through <u>04/20/2019</u>		<b>CALIFORNIA FORM 460</b> Page <u>5</u> of <u>85</u>
I.D. Number 810163		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Republican Party - State

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/11/2019	Personal Insurance Federation of CA Agents & Employees Small Contributor Committee Sacramento, CA 95814-3991 Committee ID: 910256	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$5,466.66	\$50,000.00	
3/11/2019	Personal Insurance Federation of CA Agents & Employees Small Contributor Committee Sacramento, CA 95814-3991 Committee ID: 910256	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$16,666.67	\$50,000.00	
3/19/2019	California Association Of Health Plans PAC Sacramento, CA 95814-3902 Committee ID: 950541	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$333.33	\$1,000.00	
3/19/2019	California Association Of Health Plans PAC Sacramento, CA 95814-3902 Committee ID: 950541	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$333.33	\$1,000.00	
3/19/2019	California Association Of Health Plans PAC Sacramento, CA 95814-3902 Committee ID: 950541	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$333.34	\$1,000.00	
<b>SUBTOTAL</b>						

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 IND - Individual  
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       (other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>03/10/2019</u>		<b>CALIFORNIA FORM 460</b>
through <u>04/20/2019</u>		
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3/19/2019	California Cable & Telecommunications Oakland, CA 94612-3041	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00	\$75,000.00	
3/19/2019	California Cable & Telecommunications Oakland, CA 94612-3041	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00	\$75,000.00	
3/19/2019	California Cable & Telecommunications Oakland, CA 94612-3041	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00	\$75,000.00	
3/25/2019	Empire Leasing Newport Beach, CA 92663	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
3/25/2019	Nation Home Mortgage Daly City, CA 94015	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>03/10/2019</u> through <u>04/20/2019</u>		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER California Republican Party - State		I.D. Number 810163

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/27/2019	Lackey for Assembly 2020 Hilmar, CA 95324 Committee ID: 1414673	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
3/28/2019	Takeda Pharmaceuticals USA, Inc. Deerfield, IL 60015	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$333.33	\$1,000.00	
3/28/2019	Takeda Pharmaceuticals USA, Inc. Deerfield, IL 60015	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$333.33	\$1,000.00	
3/28/2019	Takeda Pharmaceuticals USA, Inc. Deerfield, IL 60015	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$333.34	\$1,000.00	
3/30/2019	Sebera Enterprises Somis, CA 93066	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>03/10/2019</u> through <u>04/20/2019</u>		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER California Republican Party - State		I.D. Number 810163

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/1/2019	Clark Properties Granite Bay, Ca 95746	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150.00	\$150.00	
4/4/2019	AT&T Inc. and its Affiliates Sacramento, CA 95814-3947	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$8,333.34	\$25,000.00	
4/4/2019	AT&T Inc. and its Affiliates Sacramento, CA 95814-3947	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$8,333.33	\$25,000.00	
4/4/2019	AT&T Inc. and its Affiliates Sacramento, CA 95814-3947	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$8,333.33	\$25,000.00	
4/4/2019	Crose Farms Hanford, CA 93230	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>03/10/2019</u>		<b>CALIFORNIA FORM 460</b>
through <u>04/20/2019</u>		
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NAME OF FILER California Republican Party - State		I.D. Number 810163

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/4/2019	Sempra Energy San Diego, CA 92101-3017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$12,933.33	\$38,800.00	
4/4/2019	Sempra Energy San Diego, CA 92101-3017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$12,933.34	\$38,800.00	
4/4/2019	Sempra Energy San Diego, CA 92101-3017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$12,933.33	\$38,800.00	
4/5/2019	California Resources Corporation Los Angeles, CA 90024-4201	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$11,200.00	\$50,000.00	
4/5/2019	California Resources Corporation Los Angeles, CA 90024-4201	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$16,666.67	\$50,000.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>03/10/2019</u>		<b>CALIFORNIA FORM 460</b>
through <u>04/20/2019</u>		
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NAME OF FILER California Republican Party - State		I.D. Number 810163

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/5/2019	California Resources Corporation Los Angeles, CA 90024-4201	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,466.66	\$50,000.00	
4/5/2019	California Resources Corporation Los Angeles, CA 90024-4201	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$16,666.67	\$50,000.00	
4/6/2019	EJ Dolcini Ranch Petaluma, CA 94952	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
4/11/2019	Chevron Corporation and its Subsidiaries/Affiliates San Ramon, CA 94583-5177	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$80,600.00	\$300,000.00	
4/11/2019	Chevron Corporation and its Subsidiaries/Affiliates San Ramon, CA 94583-5177	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100,000.00	\$300,000.00	
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>03/10/2019</u>		<b>CALIFORNIA FORM 460</b>
through <u>04/20/2019</u>		
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NAME OF FILER California Republican Party - State		I.D. Number 810163

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/11/2019	Chevron Corporation and its Subsidiaries/Affiliates San Ramon, CA 94583-5177	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$19,400.00	\$300,000.00	
4/11/2019	Chevron Corporation and its Subsidiaries/Affiliates San Ramon, CA 94583-5177	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$80,600.00	\$300,000.00	
4/11/2019	Chevron Corporation and its Subsidiaries/Affiliates San Ramon, CA 94583-5177	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$19,400.00	\$300,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>				\$543,300.00		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 03/10/2019  
through 04/20/2019

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Republican Party - State

I.D. NUMBER  
810163

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	

## SUBTOTALS

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule B - Part 2

## Loan Guarantors

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 03/10/2019 through 04/20/2019	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Republican Party - State

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>03/10/2019</u> through <u>04/20/2019</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Republican Party - State

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/10/2019	California Professional Firefighters PAC Sacramento, CA 95833-3633  Committee ID: 744058	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		Video production	\$21,192.98	\$24,627.75	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$21,192.98

## Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.).....	\$21,192.98
2. Amount received this period - unitemized nonmonetary contributions of less than \$100 .....	\$0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) .....	<b>TOTAL</b> \$21,192.98

\*Contributor Codes  
 IND - Individual  
 COM- Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule D

## Summary of Expenditures

### Supporting/Opposing Other

### Candidates, Measures and Committees

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		SCHEDULE D	
from	03/10/2019	CALIFORNIA FORM <b>460</b>	
through	04/20/2019	Page 15 of 85	
		I.D. NUMBER 810163	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Republican Party - State

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

## Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) .....
- Unitemized contributions and independent expenditures made this period of under \$100 .....
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL** .....

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from 03/10/2019 through 04/20/2019	<b>CALIFORNIA FORM 460</b> Page 16 of 85 I.D. NUMBER 810163
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Republican Party - State

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GS Strategy Group Boise, ID 83702-5460	CTB		Polling	\$11,000.00
Moore Information, Inc. Portland, OR 97201-7710	CTB		Polling	\$13,900.00
GS Strategy Group Boise, ID 83702-5460	CTB		Polling	\$11,000.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$601,042.25
2. Unitemized payments made this period of under \$100. ....	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL</b> \$601,042.25



# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	03/10/2019	
through 04/20/2019		Page 17 of 85
NAME OF FILER California Republican Party - State		I.D. NUMBER 810163

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Republican Party - State

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Goco Consulting, LLC Sacramento, CA 95819-3740			Canvassing	\$10,336.50
Moore Information, Inc. Portland, OR 97201-7710	CTB		Polling	\$14,200.00
Moore Information, Inc. Portland, OR 97201-7710	CTB		Polling	\$1,200.00
Public Opinion Strategies Redondo Beach, CA 90277-3620	CTB		Polling	\$4,750.00
Public Opinion Strategies Redondo Beach, CA 90277-3620	POL			\$4,075.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	03/10/2019	
through 04/20/2019		Page 18 of 85
NAME OF FILER California Republican Party - State		I.D. NUMBER 810163

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Republican Party - State

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Public Opinion Strategies Redondo Beach, CA 90277-3620	CTB		Polling	\$7,175.00
US Bank Encino, CA 91436-2802			Merchant Fees	\$185.00
Bell, McAndrews & Hiltachk Sacramento, CA 95814-4404	PRO			\$3,370.50
Blue Shield of California Los Angeles, CA 90074-0001			Employee Medical Benefits	\$740.76
John Bryner Sunnyvale, CA 94087-1275			TRS, OFC	\$176.91

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	03/10/2019	
through 04/20/2019		Page 19 of 85
NAME OF FILER California Republican Party - State		I.D. NUMBER 810163

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Republican Party - State

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Metlife Aurora, IL 60504-4102			Employee Medical Benefits	\$77.88
Capitol Tech Solutions Sacramento, CA 95816-5755	WEB			\$250.00
Golden State Strategy Group Sacramento, CA 95864-5641	CNS			\$15,000.00
Janessa Pulido Santa Paula, CA 93060-1422	OFC			\$75.00
Christine Callesen San Gabriel, CA 91775-1740	CNS			\$2,400.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	03/10/2019	
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NAME OF FILER California Republican Party - State		I.D. NUMBER 810163

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Carla A Embertson Truckee, CA 96161-1536	TRS			\$114.50
Lauren Herman Sacramento, CA 95816-4032	TRS			\$17.16
Intuitive Visual Communications Santa Cruz, CA 95060-6513		A/V Services		\$17,545.00
Christopher Kariuki Castaic, CA 91384	TRS			\$47.74
Nicholas Pasteniek Ripon, CA 95366	TRS			\$212.61

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	03/10/2019	
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NAME OF FILER California Republican Party - State		I.D. NUMBER 810163

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Republican Party - State

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Regina R Santamaria Ontario, CA 91761-5412	TRS			\$151.95
Roarke Shanley BONSALL, CA 92003	TRS			\$48.13
Spencer Street Sacramento, CA 95825	TRS			\$46.00
Catherine M Wheeler Roseville, CA 95747-8907	CNS			\$7,500.00
Catherine M Wheeler Roseville, CA 95747-8907		CMP, POS, TRS		\$1,936.03

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Republican Party - State

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Tricord Management, LLC Marina, CA 93933-5114			Convention Exhibitor Booths	\$5,500.00
Alice E Jungwirth Woodburn, OR 97071-9219	TRS			\$45.56
TVEyes, Inc. Fairfield, CT 06824-5669			Media Monitoring Services	\$2,850.00
TVEyes, Inc. Fairfield, CT 06824-5669			Media Monitoring Services	\$2,850.00
Amanda Meere Sacramento, CA 95814	MTG			\$591.05

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 03/10/2019		
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Republican Party - State

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
James Richardson Elk Grove, CA 95624-3132	TRS			\$747.53
James Richardson Elk Grove, CA 95624-3132	MTG			\$481.71
Matt Klemin Roseville, CA 95747-7549	CNS			\$11,500.00
Blue Shield of California Los Angeles, CA 90074-0001			Employee Medical Benefits	\$394.45
Capitol Tech Solutions Sacramento, CA 95816-5755	WEB			\$500.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	03/10/2019	
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NAME OF FILER California Republican Party - State		I.D. NUMBER 810163

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
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**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Capitol Tech Solutions Sacramento, CA 95816-5755	WEB			\$13,000.00
Capitol Tech Solutions Sacramento, CA 95816-5755	WEB			\$250.00
Anderson Williams Research Dallas, TX 75219-2728	POL			\$7,500.00
Moore Information, Inc. Portland, OR 97201-7710	CTB	Polling		\$10,100.00
JMJ Associates Sacramento, CA 95816-6519	CNS			\$7,000.00

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**SUBTOTAL**



# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER California Republican Party - State		I.D. NUMBER 810163

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Metlife Aurora, IL 60504-4102			Employee Medical Benefits	\$46.14
Hyatt Regency Sacramento Sacramento, CA 95814-3936	MTG			\$10,000.00
Intuitive Visual Communications Santa Cruz, CA 95060-6513			A/V Services	\$10,000.00
Shawn Lewis Fair Oaks, CA 95628-4928	TRS			\$63.12
Padgett Communications Tampa, FL 33609	CMP			\$5,024.93

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Izaak Pichardo Arvin, CA 93203-2442			OFC, TRS	\$103.03
Robert Durell Photography Davis, CA 95616			Photograph Services	\$9,825.50
Sarah Couch Sacramento, CA 95811-7051	CNS			\$1,622.86
Jennifer Hodgkins Granite Bay, CA 95746-7186	TRS			\$42.18
Bell, McAndrews & Hiltachk Sacramento, CA 95814-4404	PRO			\$8,912.50

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bell, McAndrews & Hiltachk Sacramento, CA 95814-4404	PRO			\$403.92
James Richardson Elk Grove, CA 95624-3132	MTG			\$1,530.76
Matt Klemin Roseville, CA 95747-7549	CNS			\$11,500.00
CM Political Consulting, Inc. Encinitas, CA 92024	CNS			\$7,500.00
CM Political Consulting, Inc. Encinitas, CA 92024	CNS			\$2,000.00

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southlake Public Affairs Southlake, TX 76092	CNS			\$12,000.00
Moore Information, Inc. Portland, OR 97201-7710	POL			\$28,100.00
Public Opinion Strategies Redondo Beach, CA 90277-3620	CTB	Polling		\$17,075.00
Anderson Williams Research Dallas, TX 75219-2728	POL			\$24,510.00
Lisa Astier Springfield, TN 37172	TRS			\$61.56

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stephen Astier Springfield, TN 37172	TRS			\$61.56
Hyatt Regency Sacramento Sacramento, CA 95814-3936	MTG			\$60,000.00
Intuitive Visual Communications Santa Cruz, CA 95060-6513		A/V Services		\$60,000.00
Catherine M Wheeler Roseville, CA 95747-8907	CNS			\$7,500.00
Capitol Tech Solutions Sacramento, CA 95816-5755	WEB			\$250.00

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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Statement covers period		<b>CALIFORNIA FORM 460</b>
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California Republican Party - State

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Golden State Strategy Group Sacramento, CA 95864-5641	CNS			\$19,911.52
California Republican Leadership Fund Laguna Niguel, CA 92677	PRO		Reimb. of Expenses-See Sch. G	\$11,395.31
Committee ID: 1340317 California Republican Leadership Fund Laguna Niguel, CA 92677	PRO		Reimb. of Expenses-See Sch. G	\$11,395.31
Committee ID: 1340317 California Republican Leadership Fund Laguna Niguel, CA 92677	PRO		Reimb. of Expenses-See Sch. G	\$11,395.31
Committee ID: 1340317 Pulido USB Visa Saint Louis, MO 63108			Credit Card Payment-See Sch. G	\$200.00

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Chapeau Graphics Sacramento, CA 95834-1460	LIT			\$1,930.00
Luby USB Visa St. Louis, MO 63108			Credit Card Payment-See Sch. G	\$60.00
Pulido USB Visa Saint Louis, MO 63108			Credit Card Payment-See Sch. G	\$200.00
US Bank Encino, CA 91436-2802			Merchant Fees	\$37.00
Meridian Pacific, Inc. Sacramento, CA 95825-6709	TRS			\$718.26

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER California Republican Party - State		I.D. NUMBER 810163

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NAME OF FILER  
California Republican Party - State

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Bank Encino, CA 91436-2802			Merchant Fees	\$122.98
US Bank Encino, CA 91436-2802			Merchant Fees	\$2,976.24
Transfirst LLC Superior, CO 80027-8615	OFC			\$28.95
Paychex, Inc. Glendale, CA 91203-3338	SAL		Payroll Processing Fees	\$352.04
IRS c/o Paychex Tax Filing Service San Dimas, CA 91773-2955	SAL		Employee Payroll Taxes	\$2,994.56

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**SUBTOTAL**



# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Danielle Cullum Sacramento, CA 95825-0309	SAL			\$1,873.66
Katherine Davis Vacaville, CA 95688	SAL			\$2,737.10
Judith McCarthy Bakersfield, CA 93311-1160	SAL			\$1,952.93
IRS c/o Paychex Tax Filing Service San Dimas, CA 91773-2955	SAL		Employee Payroll Taxes	\$3,562.87
Izaak Pichardo Arvin, CA 93203-2442	SAL			\$6,602.65

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Paychex, Inc. Glendale, CA 91203-3338	SAL		Payroll Processing Fees	\$136.64
IRS c/o Paychex Tax Filing Service San Dimas, CA 91773-2955	SAL		Employee Payroll Taxes	\$738.32
Judith McCarthy Bakersfield, CA 93311-1160	SAL			\$1,952.93
Judith McCarthy Bakersfield, CA 93311-1160	SAL			\$1,952.93
IRS c/o Paychex Tax Filing Service San Dimas, CA 91773-2955	SAL		Employee Payroll Taxes	\$738.32

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Paychex, Inc. Glendale, CA 91203-3338	SAL		Payroll Processing Fees	\$136.64
Pulido USB Visa Saint Louis, MO 63108			Credit Card Payment-See Sch. G	\$110.21
Luby USB Visa St. Louis, MO 63108			Credit Card Payment-See Sch. G	\$3,005.46
Luby USB Visa St. Louis, MO 63108			Credit Card Payment-See Sch. G	\$34,462.55
Pulido USB Visa Saint Louis, MO 63108			Credit Card Payment-See Sch. G	\$311.53

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# Schedule E (Continuation Sheet) Payments Made

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ivy Allen Alamo, CA 94507-1018			Convention Per Diem	\$112.00
Katie Almand Sacramento, CA 95819			Convention Per Diem	\$112.00
Lisa Astier Springfield, TN 37172			Convention Per Diem	\$170.00
Kaitlyn A MacGregor Sacramento, CA 95826-2133			Convention Per Diem	\$112.00
Elisa Nelson Davis, CA 95618			Convention Per Diem	\$112.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 03/10/2019		
through 04/20/2019		Page 37 of 85
NAME OF FILER California Republican Party - State		I.D. NUMBER 810163

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Republican Party - State

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Spencer Street Sacramento, CA 95825		Convention Per Diem	\$112.00
Dawn Dais Roseville, CA 95747-8889	CMP		\$3,075.00
Sacramento Convention Center Sacramento, CA 95814-4030	MTG		\$4,270.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL** \$601,042.25

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period  
from 03/10/2019  
through 04/20/2019

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Republican Party - State

I.D. NUMBER  
810163

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Moore Information, Inc. Portland, OR 97201-7710	CTB Polling	\$19,200.00	\$0.00	\$11,300.00	\$7,900.00
Public Opinion Strategies Redondo Beach, CA 90277-3620	CTB Polling	\$4,750.00	\$0.00	\$4,750.00	\$0.00
Moore Information, Inc. Portland, OR 97201-7710	CTB Polling	\$28,100.00	\$0.00	\$28,100.00	\$0.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## SUBTOTALS

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$49,716.42
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$238,900.95
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** (\$189,184.53)  
May be a negative number.

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 03/10/2019  
through 04/20/2019

**CALIFORNIA  
FORM 460**  
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NAME OF FILER California Republican Party - State	I.D. NUMBER 810163
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**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
GS Strategy Group Boise, ID 83702-5460	CTB Polling	\$22,000.00	\$0.00	\$22,000.00	\$0.00
Public Opinion Strategies Redondo Beach, CA 90277-3620	CTB Polling	\$42,000.00	\$0.00	\$24,250.00	\$17,750.00
Moore Information, Inc. Portland, OR 97201-7710	POL	\$38,800.00	\$0.00	\$28,100.00	\$10,700.00
Public Opinion Strategies Redondo Beach, CA 90277-3620	POL	\$4,075.00	\$0.00	\$4,075.00	\$0.00

**SUBTOTALS**

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 03/10/2019  
through 04/20/2019

**CALIFORNIA  
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NAME OF FILER  
California Republican Party - State

I.D. NUMBER  
810163

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Bell, McAndrews & Hiltachk Sacramento, CA 95814-4404	PRO	\$11,469.36	\$0.00	\$9,316.42	\$2,152.94
Goco Consulting, LLC Sacramento, CA 95819-3740	Canvassing	\$10,336.50	\$0.00	\$10,336.50	\$0.00
JMJ Associates Sacramento, CA 95816-6519	CNS	\$7,000.00	\$0.00	\$7,000.00	\$0.00
Southlake Public Affairs Southlake, TX 76092	CNS	\$12,000.00	\$0.00	\$12,000.00	\$0.00

**SUBTOTALS**



# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period  
from 03/10/2019  
through 04/20/2019

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FORM 460

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NAME OF FILER  
California Republican Party - State

I.D. NUMBER  
810163

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

\*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Anderson Williams Research Dallas, TX 75219-2728	POL	\$32,010.00	\$0.00	\$32,010.00	\$0.00
Meridian Pacific, Inc. Sacramento, CA 95825-6709	CNS	\$20,000.00	\$0.00	\$0.00	\$20,000.00
Political Finance Solutions, Inc. Sacramento, CA 95814-0823	PRO	\$1,000.00	\$0.00	\$0.00	\$1,000.00
Bell, McAndrews & Hiltachk Sacramento, CA 95814-4404	PRO	\$3,370.50	\$0.00	\$3,370.50	\$0.00

**SUBTOTALS**

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period  
from 03/10/2019  
through 04/20/2019

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FORM 460

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NAME OF FILER  
California Republican Party - State

I.D. NUMBER  
810163

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Capitol Tech Solutions Sacramento, CA 95816-5755	WEB	\$500.00	\$0.00	\$500.00	\$0.00
Dawn Dais Roseville, CA 95747-8889	CMP	\$3,075.00	\$0.00	\$3,075.00	\$0.00
Golden State Strategy Group Sacramento, CA 95864-5641	CNS	\$15,000.00	\$0.00	\$15,000.00	\$0.00
Gordon and Reese Sacramento, CA 95825	PRO	\$29,600.00	\$0.00	\$0.00	\$29,600.00

**SUBTOTALS**

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 03/10/2019  
through 04/20/2019

**CALIFORNIA  
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NAME OF FILER  
California Republican Party - State

I.D. NUMBER  
810163

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
James Richardson Elk Grove, CA 95624-3132	TRS	\$747.53	\$0.00	\$747.53	\$0.00
Sacramento Convention Center Sacramento, CA 95814-4030	MTG	\$4,270.00	\$0.00	\$4,270.00	\$0.00
Tricord Management, LLC Marina, CA 93933-5114	Convention Exhibitor Booths	\$5,500.00	\$0.00	\$5,500.00	\$0.00
TVEyes, Inc. Fairfield, CT 06824-5669	Media Monitoring Services	\$5,700.00	\$0.00	\$5,700.00	\$0.00

**SUBTOTALS**

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 03/10/2019  
through 04/20/2019

**CALIFORNIA  
FORM 460**

Page 44 of 85

NAME OF FILER  
California Republican Party - State

I.D. NUMBER  
810163

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Catherine M Wheeler Roseville, CA 95747-8907	CNS	\$7,500.00	\$0.00	\$7,500.00	\$0.00
Political Finance Solutions, Inc. Sacramento, CA 95814-0823	PRO	\$0.00	\$1,000.00	\$0.00	\$1,000.00
Bell, McAndrews & Hiltachk Sacramento, CA 95814-4404	PRO	\$0.00	\$9,316.42	\$0.00	\$9,316.42
Intuitive Visual Communications Santa Cruz, CA 95060-6513	A/V Services	\$0.00	\$39,400.00	\$0.00	\$39,400.00
<b>SUBTOTALS</b>		\$328,003.89	\$49,716.42	\$238,900.95	\$138,819.36

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	03/10/2019	
through	04/20/2019	Page 45 of 85

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Republican Party - State

I.D. NUMBER  
810163

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
California Republican Leadership Fund

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bell, McAndrews & Hiltachk Sacramento, CA 95814-4404	PRO			\$353.43
Political Finance Solutions, Inc. Sacramento, CA 95814-0823	PRO			\$14,000.00
Catherine M Wheeler Roseville, CA 95747-8907	CNS			\$1,500.00
Political Finance Solutions, Inc. Sacramento, CA 95814-0823	PRO			\$14,000.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$29853.43

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period  
from 03/10/2019  
through 04/20/2019

**CALIFORNIA**  
**FORM** **460**

Page 46 of 85

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Republican Party - State

I.D. NUMBER  
810163

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
California Republican Leadership Fund

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Catherine M Wheeler Roseville, CA 95747-8907	CNS			\$1,500.00
Political Finance Solutions, Inc. Sacramento, CA 95814-0823	WEB			\$2,812.50

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$4312.50

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	03/10/2019	
through	04/20/2019	Page 47 of 85

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Republican Party - State

I.D. NUMBER  
810163

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
California Republican Party Federal Acct

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AFS/IBEX Financial Services Newport Beach, CA 92660-2463			Insurance	\$8,252.42
AFS/IBEX Financial Services Newport Beach, CA 92660-2463			Insurance	\$8,252.42
At&t Maitland, FL 32794			Telephone and Internet	\$1,018.26
At&t Maitland, FL 32794			Telephone and Internet	\$343.51

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$17866.61

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	03/10/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Republican Party - State

I.D. NUMBER  
810163

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
California Republican Party Federal Acct

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ATS Communications Concord, CA 94520-1178			Office Phone System	\$266.29
ATS Communications Concord, CA 94520-1178			Office Phone System	\$462.24
Bell, McAndrews & Hiltachk Sacramento, CA 95814-4404			Legal Fees	\$145.41
Bell, McAndrews & Hiltachk Sacramento, CA 95814-4404			Legal Fees	\$99.14

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$973.08

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**



# Schedule G

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Blue Shield of California Los Angeles, CA 90074-0001			Employee Medical Benefits	\$3,229.70
Blue Shield of California Los Angeles, CA 90074-0001			Employee Medical Benefits	\$2,508.78
James L Brulte Fontana, CA 92336-0417			Reimb. Expenses-See Memos	\$2,651.60
Cynthia Bryant Elk Grove, CA 95757-5984			Salary-less than 25% FEA	\$3,328.84

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$11718.92

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**FPPC Form 460 (June/01)**  
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**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

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SCHEDULE G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Cynthia Bryant Elk Grove, CA 95757-5984			Salary-less than 25% FEA	\$3,328.85
Cynthia Bryant Elk Grove, CA 95757-5984			Salary-less than 25% FEA	\$3,328.84
Bryant USB Bank Visa Saint Louis, MO 63108-2913			Credit Card Payment-See Memos	\$1,737.24
Bryant USB Bank Visa Saint Louis, MO 63108-2913			Credit Card Payment-See Memos	\$138.16

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$8533.09

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**FPPC Form 460 (June/01)**  
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# Schedule G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
John Bryner Sunnyvale, CA 94087-1275			Reimb. Expenses-See Memo	\$54.00
John Bryner Sunnyvale, CA 94087-1275			Salary-less than 25% FEA	\$1,170.71
Capitol Tech Solutions Sacramento, CA 95816-5755			IT/Network Services	\$2,049.12
Capitol Tech Solutions Sacramento, CA 95816-5755			IT/Network Services	\$2,049.12

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$5322.95

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**FPPC Form 460 (June/01)**  
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# Schedule G

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Capitol Tech Solutions Sacramento, CA 95816-5755			IT/Network Services	\$2,049.12
CIT Technology Fin Serv, Inc. Los Angeles, CA 90071-3109			Copier Lease	\$532.05
Comcast Cable Sacramento, CA 95834-1999			Telephone and Internet	\$689.88
Comcast Cable Sacramento, CA 95834-1999			Telephone and Internet	\$328.40

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$3599.45

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# Schedule G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CRP Building Fund Burbank, CA 91506-1727			Office Rent	\$7,200.00
CRP Building Fund Burbank, CA 91506-1727			Office Rent	\$3,600.00
CRP Building Fund Burbank, CA 91506-1727			Rent	\$10,800.00
Ello Creative Tallahassee, FL 32303-5621			Digital Media Consulting	\$10,800.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$32400.00

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**FPPC Form 460 (June/01)**  
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# Schedule G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ello Creative Tallahassee, FL 32303-5621			Digital Media Consulting-less than 25% FEA	\$3,600.00
Fedex Express Memphis, TN 38120-4117			Overnight Fees	\$107.43
Fedex Express Memphis, TN 38120-4117			Overnight Fees	\$133.48
Matthew Fleming Burbank, CA 91506-3404			Reimb. Expenses-See Memos	\$74.68

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**TOTAL\*** \$3915.59

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# Schedule G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Matthew Fleming Burbank, CA 91506-3404			Salary-less than 25% FEA	\$1,774.90
Matthew Fleming Burbank, CA 91506-3404			Salary-less than 25% FEA	\$1,774.90
Matthew Fleming Burbank, CA 91506-3404			Reimb. Expenses-See Memos	\$188.90
Matthew Fleming Burbank, CA 91506-3404			Salary-less than 25% FEA	\$1,774.90

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**TOTAL\*** \$5513.60

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**CALIFORNIA**  
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CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
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LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Beau Hashim Bakersfield, CA 93314-8321			Salary-less than 25% FEA	\$1,261.51
Beau Hashim Bakersfield, CA 93314-8321			Salary-less than 25% FEA	\$1,261.51
Beau Hashim Bakersfield, CA 93314-8321			Salary-less than 25% FEA	\$1,261.51
Hinton, Kreditor & Gronroos, LLP Arcadia, CA 91006-2314			Accounting Services	\$1,260.00

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**TOTAL\*** \$5044.53

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Hinton, Kreditor & Gronroos, LLP Arcadia, CA 91006-2314			Accounting Services	\$801.36
Integrated Solutions Political San Diego, CA 92116-2592			Compliance Software Fees	\$23,760.00
IRS c/o Paychex Tax Filing Service San Dimas, CA 91773-2955			Employee Payroll Taxes	\$7,215.45
IRS c/o Paychex Tax Filing Service San Dimas, CA 91773-2955			Employee Payroll Taxes	\$6,641.33

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**TOTAL\*** \$38418.14

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IRS c/o Paychex Tax Filing Service San Dimas, CA 91773-2955			Employee Payroll Taxes	\$11,731.03
Jobob, LLC Rancho Cucamonga, CA 91730			Video Editing	\$324.00
Rohit Joshi Sacramento, CA 95814			Salary-less than 25% FEA	\$1,124.50
Rohit Joshi Sacramento, CA 95814			Salary-less than 25% FEA	\$1,124.51

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**TOTAL\*** \$14304.04

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810163

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
California Republican Party Federal Acct

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Rohit Joshi Sacramento, CA 95814			Salary-less than 25% FEA	\$1,124.49
Alice E Jungwirth Woodburn, OR 97071-9219			Salary-less than 25% FEA	\$1,298.88
Alice E Jungwirth Woodburn, OR 97071-9219			Salary-less than 25% FEA	\$1,298.89
Alice E Jungwirth Woodburn, OR 97071-9219			Salary-less than 25% FEA	\$1,298.88

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$5021.14

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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Amounts may be rounded  
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SCHEDULE G

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Konica Minolta Premier Philadelphia, PA 19103-2707			Copier Lease	\$388.92
Konica Minolta Premier Philadelphia, PA 19103-2707			Copier Lease	\$153.72
Konica Minolta Premier Philadelphia, PA 19103-2707			Copier Lease	\$388.92
Luby USB Visa St. Louis, MO 63108			Credit Card Payment-See Memos	\$236.62

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1168.18

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# Schedule G

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Luby USB Visa St. Louis, MO 63108		Credit Card Payment-See Memos	\$861.39
Nithin B Mathew Fremont, CA 94539-7780		Salary-less than 25% FEA	\$1,816.14
Nithin B Mathew Fremont, CA 94539-7780		Salary-less than 25% FEA	\$1,816.15
Nithin B Mathew Fremont, CA 94539-7780		Reimb. Expenses-See Memos	\$243.17

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$4736.85

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FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule G

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Nithin B Mathew Fremont, CA 94539-7780			Salary-less than 25% FEA	\$3,662.56
Metlife Aurora, IL 60504-4102			Employee Medical Benefits	\$299.01
Metlife Aurora, IL 60504-4102			Employee Medical Benefits	\$308.36
Minnick Insurance Services Orange, CA 92867-5103			Insurance	\$3,418.56

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$7688.49

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**FPPC Form 460 (June/01)**  
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lauren Moran Fresno, CA 93711			Reimb. Expenses-See Memos	\$54.00
Lauren Moran Fresno, CA 93711			Salary-less than 25% FEA	\$1,064.79
Lauren Moran Fresno, CA 93711			Salary-less than 25% FEA	\$984.14
Lauren Moran Fresno, CA 93711			Reimb. Expenses-See Memos	\$54.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$2156.93

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# Schedule G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lauren Moran Fresno, CA 93711			Salary-less than 25% FEA	\$998.54
NationBuilder Inc. Los Angeles, CA 90013-1155			Website Development	\$5,001.02
NationBuilder Inc. Los Angeles, CA 90013-1155			Website Development	\$5,000.99
Netfile Mariposa, CA 95338-9755			Compliance Software	\$5,184.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$16184.55

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jessica Patterson Simi Valley, CA 93065			Reimb. Expenses-See Memos	\$3,803.83
Jessica Patterson Simi Valley, CA 93065			Salary-less than 25% FEA	\$8,891.10
Jessica Patterson Simi Valley, CA 93065			Salary-less than 25% FEA	\$5,021.27
Paychex, Inc. Glendale, CA 91203-3338			Payroll Processing Fees	\$275.34

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$17991.54

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Paychex, Inc. Glendale, CA 91203-3338			Payroll Processing Fees	\$275.34
Paychex, Inc. Glendale, CA 91203-3338			Payroll Processing Fees	\$270.23
Pitney Bowes, Inc. Pittsburgh, PA 15250-7896			Postage Machine Lease	\$200.36
Political Finance Solutions, Inc. Sacramento, CA 95814-0823			Financial (Finance) Consulting Services & Expenses	\$5,257.40

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$6003.33

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Finance Solutions, Inc. Sacramento, CA 95814-0823			Financial (Finance) Consulting-less than 25% FEA	\$4,697.84
Political Finance Solutions, Inc. Sacramento, CA 95814-0823			Financial (Finance) Consulting Services & Expenses	\$540.00
Political Finance Solutions, Inc. Sacramento, CA 95814-0823			Financial (Finance) Consulting Services-less than 25% FEA	\$5,227.31
Pulido USB Visa St. Louis, MO 63179			Credit Card Payment-See Memos	\$3,125.98

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**TOTAL\*** \$13591.13

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pulido USB Visa St. Louis, MO 63179			Credit Card Payment-See Memos	\$2,991.26
Regina R Santamaria Ontario, CA 91761-5412			Reimb. Expenses-See Memos	\$177.91
State Compensation Insurance Fund Sacramento, CA 95833-3224			Workers Comp Insurance	\$777.42
State Compensation Insurance Fund Sacramento, CA 95833-3224			Workers Comp Insurance	\$1,554.84

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**TOTAL\*** \$5501.43

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Think Right Compliance, Inc. West Sacramento, CA 95691-5844			Compliance Consulting Services-less than 25% FEA	\$4,320.00
Think Right Compliance, Inc. West Sacramento, CA 95691-5844			Compliance Consulting Services-less than 25% FEA	\$4,320.00
TotalFunds By Hasler Milford, CT 06461-9105			Postage Machine	\$1,013.04
TotalFunds By Hasler Milford, CT 06461-9105			Postage Machine	\$1,090.80

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**TOTAL\*** \$10743.84

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NAME OF AGENT OR INDEPENDENT CONTRACTOR  
California Republican Party Federal Acct

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Travelers Insurance Hartford, CT 06183-0001			Liability Insurance	\$180.00
Rosa Trevizo Galt, CA 95632			Reimb. Expenses-See Memos	\$54.00
Rosa Trevizo Galt, CA 95632			Reimb. Expenses-See Memos	\$155.25
Rosa Trevizo Galt, CA 95632			Salary-less than 25% FEA	\$1,023.69

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1412.94

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	03/10/2019	
through	04/20/2019	Page 71 of 85

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Republican Party - State

I.D. NUMBER  
810163

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
California Republican Party Federal Acct

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Rosa Trevizo Galt, CA 95632			Salary-less than 25% FEA	\$1,023.71
Rosa Trevizo Galt, CA 95632			Reimb. Expenses-See Memos	\$54.00
Rosa Trevizo Galt, CA 95632			Salary-less than 25% FEA	\$1,251.16
Rosa Trevizo Galt, CA 95632			Salary-less than 25% FEA	\$1,056.90

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$3385.77

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period  
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810163

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
California Republican Party Federal Acct

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Bank Encino, CA 91436-2802			Merchant Fees	\$607.26
Vision Service Plan Gold River, CA 95670-7985			Employee Medical Benefits	\$186.66

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$793.92

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FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC



# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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I.D. NUMBER  
810163

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Golden State Strategy Group

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235-1908	TRS			\$807.93

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$807.93

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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I.D. NUMBER  
810163

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Luby USB Visa

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Amazon.com Seattle, WA 98109-5210	OFC			\$1,881.96
Wombo Inc. Sacramento, CA 95814-4030	WEB			\$12,466.00
Universal Limo & Transportation West Sacramento, CA 95691	TRS			\$591.55
United Airlines Inc. Los Angeles, CA 90045-5679	TRS			\$1,619.30

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$16558.81

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FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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810163

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Luby USB Visa

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Gavel Store Springville, UT 84663	CMP			\$304.50
Tequila Museo Mayahuel Sacramento, CA 95814-3950	TRS			\$3,117.60
Staples Inc. Salt Lake City, UT 84116-4136	OFC			\$464.26
California Moving Systems Sacramento, CA 95827-6145		Moving Services		\$359.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$4245.36

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period  
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I.D. NUMBER  
810163

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Luby USB Visa

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Celebrations Roseville, CA 95661-4506	CMP			\$494.03
Classique Catering Sacramento, CA 95814-3913	TRS			\$4,053.36
Costco Rancho Cucamonga, CA 91739-9318	OFC			\$134.39
G. Rossi Florist Sacramento, CA 95814-2907	CMP			\$1,012.14

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$5693.92

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FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule G

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SCHEDULE G

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810163

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Luby USB Visa

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Inkwell San Diego, CA 92109-3044	CMP			\$812.08
In-n-out Burger Irvine, CA 92612-4684	TRS			\$240.26
PC Nametag Verona, WI 53593-1234	CMP	Name Tags		\$707.71
RevUp Software Redwood City, CA 94065	WEB			\$2,500.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$4260.05

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**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

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SCHEDULE G

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810163

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Luby USB Visa

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ronald Reagan Library Simi Valley, CA 93065-0600	CMP			\$343.16
Southwest Airlines Dallas, TX 75235-1908	TRS			\$1,817.89

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$2161.05

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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810163

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Amanda Meere

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
De Vere's Irish Pub Sacramento, CA 95814-4004	MTG			\$591.05

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$591.05

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**FPPC Form 460 (June/01)**  
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**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

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NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Political Finance Solutions, Inc.

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Netfile Mariposa, CA 95338-9755	WEB			\$2,812.50

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$2812.50

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**



# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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I.D. NUMBER  
810163

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Pulido USB Visa

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Sacramento Sacramento, CA 95814-0703	OFC			\$200.00
City of Sacramento Sacramento, CA 95814-0703	OFC			\$200.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$400.00

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I.D. NUMBER  
810163

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
James Richardson

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Frank Fat's Sacramento, CA 95814-3606	MTG			\$747.53
Ambrosia Fine Food, LLC Sacramento, CA 95815-2528	MTG			\$481.71
Sauced BBQ Sacramento, CA 95814	MTG			\$548.93

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1778.17

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule H – Loans Made to Others\*

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H

Statement covers period from 03/10/2019 through 04/20/2019	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Republican Party - State

I.D. NUMBER  
810163

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		<b>SUBTOTALS</b>						

(Enter (e) on  
Schedule I, Line 3)

## Schedule H Summary

- Loans made this period .....  
(Total Column (b) plus unitemized loans less than \$100.)
- Payments received on loans .....  
(Total Column (c) plus unitemized payments less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.) .....  
(Enter the net here and on the Summary Page, Column A, Line 7.)

**NET** \_\_\_\_\_  
(May be a negative number)

\*\* If Required

# Schedule I

## Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	03/10/2019	
through	04/20/2019	Page 84 of 85

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810163

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
3/15/2019	San Manuel Band of Mission Indians Highland, CA 92346-6712	Convention sponsorship	\$5,000.00
3/19/2019	Tsega M Kelile Gold River, CA 95670-6913	Parking reimbursement	\$200.00
4/4/2019	James L Brulte Fontana, CA 92336-0417	Convention cost reimbursement	\$1,418.40
3/10/2019	Elisa Nelson Davis, CA 95618	Voided Check Prior Period	\$112.00
3/10/2019	Lisa Astier Springfield, TN 37172	Voided Check Prior Period	\$170.00

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

### Schedule I Summary

- Increases to cash of \$100 or more this period.....
- Unitemized increases to cash under \$100 this period.....
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....

**TOTAL** .....

# Schedule I

## Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period  
from 03/10/2019  
through 04/20/2019

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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
3/10/2019	Katie Almand Sacramento, CA 95819	Voided Check Prior Period	\$112.00

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$7,012.40

### Schedule I Summary

1. Increases to cash of \$100 or more this period.....	\$7,012.40
2. Unitemized increases to cash under \$100 this period. ....	\$0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	<b>TOTAL</b> \$7,012.40

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